

FILED OCT 29 1957

THE MIDDLE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35364

STATE FILE NUMBER

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>INDIANA</b> b. COUNTY <b>LAKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PACIFIC, MO.</b>		c. CITY OR TOWN <b>GARY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <b>5135 MARYLAND ST.</b>	
3. NAME OF DECEASED (Type or print) First <b>VIRGINIA</b> Middle <b>CATHERINE</b> Last <b>DAUGHERTY</b>		4. DATE OF DEATH Month <b>OCT.</b> Day <b>18</b> Year <b>1957</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR. 6, 1933</b>
9. AGE (In years last birthday) <b>24</b>		10. CITIZENSHIP IF UNDER 1 YEAR: Months <b>7</b> Days <b>12</b> Hours <b></b> Min. <b></b> IF UNDER 24 HRS. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<b>HOUSEWORK</b>		<b>CHARLESTON, ILLINOIS</b>	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
<b>CHARLESTON, ILLINOIS</b>		<b>U.S.A.</b>	
13. FATHER'S NAME <b>ORA ARD</b>		14. MOTHER'S MAIDEN NAME <b>RETHA LEWIS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>ORA ARD</b>		Address <b>4200 W. 45th, Gary, Ind.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot wound (rifle)</b> penetrating thoracic aorta E981X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b></b> DUE TO (c) <b></b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b></b>			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Homocide</b>			
20c. TIME OF INJURY Hour <b>3</b> Month <b>10</b> Day <b>18</b> Year <b>1957</b> a. m. <b></b> p. m. <b></b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Near Pacific Franklin Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. H. Hunsicker</b>		22b. ADDRESS <b>Union Mo.</b>	
22c. DATE SIGNED <b>10/12/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>10/19/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CALUMET PARK CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>GARY, INDIANA</b>
24. FUNERAL DIRECTOR <b>E. F. Ottman</b>		25. DATE RECD. BY LOCAL REG. <b>10-29-57</b>	
26. REGISTRAR'S SIGNATURE <b>Thomas C. Davidson</b>			

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Disease, condition, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

OCT 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Ralph Altman* .....

Licensed Embalmer No. 480

P. O. Address *Union* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not-embalmed, fact should be so stated above.